

O'Keefe
Attorney's Docket No.: 10448-039001
Client's Ref. No.: MPI2000-452P1R

4
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COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled HYBRID ANTIBODIES AND USES THEREOF, the specification of which:

☐ is attached hereto.

☒ was filed on January 30, 2002 as Application Serial No. 10/060,714 and was amended on

☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

<u>U.S. Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
60/265,914	02/02/2001	Abandoned

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Louis Myers, Reg. No. 35,965
Timothy A. French, Reg. No. 30,175
Jean M. Silveri, Reg. No. 39,030
Theodore R. Allen, Reg. No. 41,578
Scott A. Brown, Reg. No. 32,724
Kerri Pollard Schray, Reg. No. 47,066

Laurie Butler Lawrence, Reg. No. 46,593
Jack Brennan, Reg. No. 47,443
Susan M. Perkins, Reg. No. 36,405
M. Angela Parsons, Reg. No. 44,282
Monica McCormick Graham, Reg. No. 42,600

Address all telephone calls to LAURIE BUTLER LAWRENCE at telephone number (617) 521-7814.

Address all correspondence to P. LOUIS MYERS at:

FISH & RICHARDSON P.C.
225 Franklin Street
Boston, Massachusetts 02110-2804

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.



Combined Declaration and Power of Attorney
Page 2 of 2 Pages

Full Name of Inventor: THERESA O'KEEFE

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Full Name of Inventor: PATRICIA RAO

Inventor's Signature:

Date:

Residence Address:

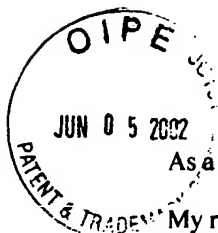
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Page 2 of 2 Pages

Full Name of Inventor: THERESA O'KEEFE

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Full Name of Inventor: PATRICIA RAO

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